

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

☒ original
☐ design
☐ supplemental

NOTE: If the declaration is for an international application being filed as a divisional, continuation, or continuation-in-part application do not check next item; check appropriate of last three items.
☐ national state of PCT

NOTE: If one of the following 3 items apply then complete and also attach
ADDED PAGES FOR DIVISIONAL,
CONTINUATION, OR CIP.

☐ divisional
☐ continuation
☐ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

WARNING: If the inventor are each not the inventors of all the claims an explanation of the facts, including the ownership of all of the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SYSTEM FOR FACILITATING THE TEMPORARY HANGING OF OBJECTS
FROM VINYL OR ALUMINUM SIDING WITHOUT DAMAGING THE SIDING**

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b), or (c))

- ☒ (a) is attached hereto.
☐ (b) was filed on: _____
as Serial No. _____
or ☐ Express Mail No., as Serial No. not yet known
_____ and was amended on _____ (if
applicable).

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers, or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

- ☐ (c) was described and claimed in PCT International Application No. _____ filed on _____
and amended under PCT Article 19 on _____ (if
any).

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations. § 1.56(a).

☐ In compliance with this duty there is attached an information disclosure statement. 37 CFR 1.97.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

☒ (complete (d) or (e))
☐ (d) no such applications have been filed.
☐ (e) such applications have been filed as follows:

NOTE: Where item (c) is entered above and the international application which designated the U.S. claimed priority check item (e), enter the details below and make the priority claim.

**EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS
 (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

**CLAIM FOR BENEFIT OF
 PRIOR U.S. PROVISIONAL APPLICATION(S) (34 USC §119(e))**

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States Provisional applications listed below:

PROVISIONAL APPLICATION NUMBER

FILING DATE

_____ / _____

**CLAIM FOR BENEFIT OF
 EARLIER US/PCT APPLICATION(S) UNDER 35 USC §120**

_____ The claim for the benefit of any such applications are set forth in the attached ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CONTINUATION-IN-PART (C-I-P) APPLICATION.

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
 (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION:**

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application, and transact all business in the Patent and Trademark Office connected therewith.

Attorney: PETER J. VAN BERGEN, ESQ.
Reg. No.: 32,178

(check the following item, if applicable)

— Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and following instructions from my representative(s)

SEND CORRESPONDENCE TO

PETER J. VAN BERGEN, ESQ.
402 West Duke of Gloucester St.
Williamsburg, Virginia 23185


**DIRECT TELEPHONE CALLS TO (NAME
AND TELEPHONE NUMBER)**

PETER J. VAN BERGEN, ESQ.
(757) 220-2649

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE (S)

NAME OF INVENTOR	LAST Shroyer	FIRST Lawrence	MIDDLE INITIAL R.
RESIDENCE AND CITIZENSHIP	CITY Gloucester	STATE Virginia	CITIZENSHIP U.S.
POST OFFICE ADDRESS	ADDRESS 6625 Oak Tree Drive	CITY AND STATE Gloucester, VA	ZIP CODE 23061
SIGNATURE 			DATE 9/16/03

**CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH
FORM A PART OF THIS DECLARATION**

___ Signature for third and subsequent joint inventors. Number of
pages added ____.

___ Signature by administrator(trix), executor(trix) or legal
representative for deceased or incapacitated inventor. Number
of pages added ____.

___ Signature for inventor who refuses to sign or cannot be
reached by person authorized under 37 CFR 1.47. Number of
pages added ____.

___ Added pages to combined declaration and power of attorney for
divisional, continuation, or continuation-in-part (CIP)
application.

___ Number of pages added ____.

___ Authorization of attorney(s) to accept and follow instructions
from representative.

**If no further pages form a part of this Declaration then end this
Declaration with this page and check the following item**

✓ THIS DECLARATION ENDS WITH THIS PAGE